

## Required Fields for ADA 2002 Form

2.	Predetermination/Preauthorization Number Enter the AHCCCS Claim Reference Number (CRN) of the original claim when resubmitting a claim.	Required if applicable
3.	Primary Payer Name, Address	Required if applicable
4.	Other Dental or Medical Coverage?	Required
5.	Subscriber Name	Required if applicable
6.	Date of Birth	Required if applicable
7.	Gender	Required if applicable
8.	Subscriber Identifier	Required if applicable
9.	Plan/Group Number	Required if applicable
10.	Relationship to Primary Subscriber	Required if applicable
11.	Other Carrier Name, Address	Required if applicable
12.	Primary Subscriber Name, Address Enter the recipient's name as printed on the AHCCCS ID card. Enter the recipient's address.	Required
13.	Date of Birth	Required
14.	Gender	Required
15.	Subscriber identifier	Required
23.	Patient ID/Account # This is a number that the provider has assigned to uniquely identify this claim in the provider's records. AHCCCS will report this number on the Remittance Advice to provide a cross-reference between the AHCCCS CRN and the provider's records.	Required if applicable
24.	Procedure date	Required
25.	Area of oral Cavity	Required
26.	Tooth system	Required
27.	Tooth Number(s) or Letter(s)	Required if applicable
28.	Tooth Surface	Required if applicable
29.	Procedure code	Required
30.	Description	Required
31.	Fee	Required
33.	Total Fee	Required
34.	Missing Teeth	Required if applicable
38.	Place of Treatment	Required
43.	Replacement of Prosthesis?	Required
44.	Date Prior Placement	Required if applicable
45.	Treatment Resulting From	Required if applicable
46.	Date of accident	Required if applicable
47.	Auto Accident State	Required if applicable
48.	Billing Dentist/Dental Entity Name, Address	Required
49.	Provider ID (Group) Enter the AHCCCS provider ID of the billing dentist/dental entity	Required if applicable
50.	License Number	Required if applicable
51.	SSN or TIN (Group) Enter the Social Security Number or Tax ID Number of the billing dentist/dental entity	Required
53.	Treating Dentist Signature and Date	Required
54.	Provider ID Enter the AHCCCS provider ID of the treating dentist	Required
55.	License Number	Required